

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

ADDRESS (number and street) ▼

2831 Lone Oak Road

☐ Check if different than previously reported. (ACC)

Paducah

KY

42003

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00351197

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☒ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Laxmaiah Manchikanti MD

Signature of Treasurer

Laxmaiah Manchikanti MD

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
08 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y
08 / 31 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		299846.98
(b) Cash on Hand at Beginning of Reporting Period.....	284525.03	
(c) Total Receipts (from Line 19)	26358.97	135014.52
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	310884.00	434861.50
7. Total Disbursements (from Line 31)	11432.16	135409.66
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	299451.84	299451.84
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	2

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	24167.04	105989.45
(ii) Unitemized	600.00	2450.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	24767.04	108439.45
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	24767.04	108439.45
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1591.93	21575.07
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	26358.97	135014.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	26358.97	135014.52

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	932.21
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	932.21
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	120500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	1432.16	13977.45
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	11432.16	135409.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11432.16	135409.66

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	24767.04	108439.45
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24767.04	108439.45
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	932.21
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	932.21

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Cyrus Bakhit MD

Mailing Address 1316 S. Jefferson St.

City State Zip Code
 Roanoke VA 24016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pain Management Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2012

Transaction ID : SA11AI.10308

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Nelvia Banjal-Jones MD

Mailing Address 165 W. Village Ave.
 Suite 5

City State Zip Code
 Rockville Centre NY 11570

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 06 / 2012

Transaction ID : SA11AI.10279

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Sarah Blake MD

Mailing Address 914 Neil Avenue

City State Zip Code
 Columbus OH 43215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 06 / 2012

Transaction ID : SA11AI.10280

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Mark Dean DO

Mailing Address 3076 Hyde Park Place

City State Zip Code
 Koswille VA 22947

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

08 / 06 / 2012

Transaction ID : SA11AI.10283

Amount of Each Receipt this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Mark Filley MD

Mailing Address 10507 E. Wildwind Cir.

City State Zip Code
 Spring TX 77380

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 13 / 2012

Transaction ID : SA11AI.10303

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Scott Glaser MD

Mailing Address 134 E 4th Street

City State Zip Code
 Hinsdale IL 60521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Pain Spec.of Greater Chicago

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

912.48

Date of Receipt

08 / 27 / 2012

Transaction ID : SA11AI.10316

Amount of Each Receipt this Period

304.16

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6304.16

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Dr. Hans Hansen MD

Mailing Address 1224 Commerce St.
SW

City State Zip Code
Concover NC 28613

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pain Relief Centers

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 27 / 2012

Transaction ID : SA11AI.10317

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

B. Paul Hubbell MD

Mailing Address 2701 Lake Villa Dr

City State Zip Code
Metairie LA 70002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Pain

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3348.49

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 27 / 2012

Transaction ID : SA11AI.10318

Amount of Each Receipt this Period

412.88

Contribution

Full Name (Last, First, Middle Initial)

C. Barrett Johnston MD

Mailing Address 545 Oak Hills Pkwy

City State Zip Code
Baton Rouge LA 70810

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 06 / 2012

Transaction ID : SA11AI.10290

Amount of Each Receipt this Period

365.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1027.88

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. William Jones MD

Mailing Address 165 North village Avenue, suite 5

City State Zip Code
 Rockville NY 11570

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rockville Pain Management

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 06 / 2012

Transaction ID : SA11AI.10284

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Demetrios Kaiafas MD

Mailing Address 430 Morton Plant St.

City State Zip Code
 Clearwater FL 33756

FEC ID number of contributing
federal political committee.

C

Name of Employer

Clearwater Pain Management

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 27 / 2012

Transaction ID : SA11AI.10319

Amount of Each Receipt this Period

50.00

Contribution

Full Name (Last, First, Middle Initial)

C. Rashid Khalil MD

Mailing Address 42859 Senate Place

City State Zip Code
 Novi MI 48375

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

08 / 16 / 2012

Transaction ID : SA11AI.10311

Amount of Each Receipt this Period

365.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1415.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Stephen Kramarich MD

Mailing Address 7207 Golden Wings Road

City

Jacksonville

State

FL

Zip Code

32244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Riverside Spine

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

08 / 06 / 2012

Transaction ID : SA11AI.10291

Amount of Each Receipt this Period

365.00

Contribution

Full Name (Last, First, Middle Initial)

B. Jonathan Kuo MD

Mailing Address 350 Broadway
Suite 200

City

New York

State

NY

Zip Code

10013

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

08 / 06 / 2012

Transaction ID : SA11AI.10294

Amount of Each Receipt this Period

365.00

Contribution

Full Name (Last, First, Middle Initial)

C. Eric Loudermilk MD

Mailing Address 112 Carter Oak Rdg.

City

Anderson

State

SC

Zip Code

29621

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 16 / 2012

Transaction ID : SA11AI.10312

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1230.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Timothy Lubenow MD

Mailing Address 16 Robinhood Ranch

City State Zip Code
Oak Brook IL 60523

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

08 / 28 / 2012

Transaction ID : SA11AI.10324

Amount of Each Receipt this Period

365.00

Contribution

Full Name (Last, First, Middle Initial)

B. Paul Lynch MD

Mailing Address 9787 N. 91st. Street, Suite 101

City State Zip Code
Scottsdale AZ 85258

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Arizona Pain Specialists

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

08 / 06 / 2012

Transaction ID : SA11AI.10295

Amount of Each Receipt this Period

365.00

Contribution

Full Name (Last, First, Middle Initial)

C. Ben Massey MD

Mailing Address 2948 Country Club Drive

City State Zip Code
Pueblo CO 81008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

08 / 28 / 2012

Transaction ID : SA11AI.10326

Amount of Each Receipt this Period

365.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1095.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Christopher Nelson MD

Mailing Address 16802 Crosstimbers Court

City

Louisville

State

KY

Zip Code

40245

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pain Control Network

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 06 / 2012

Transaction ID : SA11AI.10296

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. John Paggioli MD

Mailing Address 190 West Town Street

City

Norwich

State

CT

Zip Code

06360

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

08 / 28 / 2012

Transaction ID : SA11AI.10327

Amount of Each Receipt this Period

365.00

Contribution

Full Name (Last, First, Middle Initial)

C. Bharat Patel MD

Mailing Address 4091 Tradewinds Trail

City

Merritt Island

State

FL

Zip Code

32953

FEC ID number of contributing
federal political committee.

C

Name of Employer

Millennium Management Manag.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

08 / 06 / 2012

Transaction ID : SA11AI.10297

Amount of Each Receipt this Period

5000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5865.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Yeshwant Reddy MD

Mailing Address 4226 Penrith Court

City State Zip Code
Dublin OH 43016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Neurological Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

08 / 16 / 2012

Transaction ID : SA11AI.10315

Amount of Each Receipt this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Kevin Vance MD

Mailing Address 1190 N. State St.
#202

City State Zip Code
Jackson MS 89202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Comprehensive Pain Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

08 / 06 / 2012

Transaction ID : SA11AI.10287

Amount of Each Receipt this Period

365.00

Contribution

Full Name (Last, First, Middle Initial)

C. Zachary Zumbar MD

Mailing Address 13408 Donald Dr.

City State Zip Code
Brook Park OH 44142

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Pain Physicians

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

08 / 06 / 2012

Transaction ID : SA11AI.10300

Amount of Each Receipt this Period

365.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5730.00

24167.04

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 16

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Bantera Bank

Mailing Address 3151 Jackson Street

City

Paducah

State

KY

Zip Code

42003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

19986.68

Date of Receipt

08 / 31 / 2012

Transaction ID : SA17.10335

Amount of Each Receipt this Period

3.54

Monthly earned interest

Full Name (Last, First, Middle Initial)

B. Bantera Bank

Mailing Address 3151 Jackson Street

City

Paducah

State

KY

Zip Code

42003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

20276.93

Date of Receipt

08 / 31 / 2012

Transaction ID : SA17.10336

Amount of Each Receipt this Period

290.25

Dividends earned

Full Name (Last, First, Middle Initial)

C. Bantera Bank

Mailing Address 3151 Jackson Street

City

Paducah

State

KY

Zip Code

42003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

21575.07

Date of Receipt

08 / 31 / 2012

Transaction ID : SA17.10337

Amount of Each Receipt this Period

1298.14

Change in investment

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1591.93

1591.93

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. NEW PIONEERS PAC

Mailing Address 228 S WASHINGTON ST STE 115

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	06	/	2012

Transaction ID : SB23.10331

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. ROMNEY VICTORY INC.

Mailing Address 585 Commercial Street

City	State	Zip Code
Boston	MA	02109

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2012

Transaction ID : SB23.10332

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00

10000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial)

A. Bantera Bank

Mailing Address 3151 Jackson Street

City	State	Zip Code
Paducah	KY	42003

Purpose of Disbursement
payment for credit card fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Transaction ID : SB29.10333

Amount of Each Disbursement this Period

132.74

Full Name (Last, First, Middle Initial)

B. Bantera Bank

Mailing Address 3151 Jackson Street

City	State	Zip Code
Paducah	KY	42003

Purpose of Disbursement
Brokerage fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Transaction ID : SB29.10334

Amount of Each Disbursement this Period

299.42

Full Name (Last, First, Middle Initial)

C. Morrisey for Attorney General

Mailing Address P.O. Box 820

City	State	Zip Code
Charles Town	WV	25414

Purpose of Disbursement
Contribution to Non-Federal Candidate - WV

Candidate Name

Patrick Morrisey

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2012

Transaction ID : SB29.10328

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1432.16

1432.16
